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Bib Data Sheet

CONFIRMATION NO. 5549

SERIAL NUMBER 10/724,813	FILING DATE 12/01/2003  RULE	CLASS 340	GROUP ART UNIT 2636	ATTORNEY DOCKET NO. RC-1gw
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## APPLICANTS

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 \*\* CONTINUING DATA \*\*\*\*\* *No HCL*

 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *No HCL*

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/02/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY RI	SHEETS DRAWING 10	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>HA</i>		
Verified and Acknowledged				

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## TITLE

Trail safe alert system

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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